# Arkansas: Title V FY2022 Maternal Child Health Application Summary

## Program Overview

Arkansas's Title V Maternal and Child Health (MCH) Block Grant Program consists of shared leadership between the Arkansas Department of Health's (ADH) Family Health Branch and the Arkansas Department of Human Services' (DHS) Children with Chronic Health Conditions Program. The state Title V MCH leadership team makes program and policy decisions and ensures alignment across programs and agencies. Designated state priority leads oversee program and policy work and provide technical assistance and oversight to local Title V grantees. ADH is one of 15 state agencies in the executive branch under Governor Asa Hutchinson's leadership. Arkansas's Title V MCH priorities:

- Improve preterm, low-birth weight, and pregnancy outcomes.
- Promote breastfeeding to ensure better health for infants and children.
- Promote safe and healthy infant sleep behaviors and environments, including improving support systems and the daily living conditions.
- Increase the percent of infants and children receiving a developmental screening.
- Reduce the burden of injury among children.
- Decrease the prevalence of childhood and adolescent obesity.
- Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.
- Increase the number of adolescents with and without special health care needs who successfully transition to adult health care.

ADH conducted needs assessments for the Title V and the Maternal, Infant, and Early Childhood Home Visiting grant programs during 2019 and 2020. Findings from those assessments informed the selection of priority needs, strategies, objectives, and measures in the state's 2021-2025 action plan for Title V. Arkansas used a mixed-methods approach, which allowed the state to gather information from local, state, and national sources and internal colleagues and external partners. It also ensured continued engagement of stakeholders in the planning, implementation, and evaluation processes. Arkansas's MCH epidemiologist worked with Arkansas's State Systems Development Initiative (SSDI) staff to provide data to measure progress and inform decision making around program objectives and measures. In 2020, the Arkansas Title V established domain-specific working groups. Each group is made up of stakeholders with lived experience, professional expertise, and/or community leadership and engagement skills who serve in an advisory capacity to the Arkansas Title V team.

Arkansas has identified 11 national priorities and four state-specific priorities. The national priorities are well woman care, neonatal care for low birthweight infants, breastfeeding, infant safe sleep, developmental screening, child injury, physical activity among children and adolescents, bullying, transition to adult care for children with and without special health care needs, and oral health during pregnancy. The state-specific priorities are newborn hearing screening, adolescent nicotine use, the health care system for children with special health care needs, and implicit bias in public health

systems. An overview of Arkansas's Title V MCH needs, including emerging needs, gaps in services, program capacity, and internal and external partners for each domain is outlined below.

**Women/Maternal Health.** Mental health was a constant survey theme for this group. Among 53 participants responding to this question, almost half (49%) cited mental health services as one of the three most important gaps in women's health. Mental health disorders were listed as fourth most important for Arkansas women. Other important gaps in services for women were the availability of health care providers (32%), transportation (30%), and illicit or other drug abuse prevention programs (30%).

**Perinatal/Infant Health Domain.** Almost half (47%) of the 49 participants responding said availability of transportation was an important gap in the state for perinatal and infant health. Almost two-thirds (60%) of respondents said they would like to see new strategies or interventions for making transportation more available. A lack of health care providers and specialty care compounds the problem, particularly in rural areas. Survey participants offered suggestions for improving access to breastfeeding support and care: provide more access to lactation experts in communities, provide additional access to lactation experts beyond telephone services, provide special group clinics with a nutritionist to assist new mothers in breastfeeding, provide more support and incentives to breastfeeding mothers, expand ADH's breastfeeding program, provide better outreach for breastfeeding programs with local providers and hospitals, and educate hospital nurses on how to encourage new mothers to breastfeed.

**Child Health Domain.** Developmental and behavior disorders (57%) ranked as the most important public health problem by respondents. Almost half (48%) of respondents reported an existing strategy or intervention was in place for the children they serve, yet one-fifth (21%) of respondents indicated that developmental monitoring and screening was one of the top three areas where gaps existed. Childhood obesity and overweight (52%) and related risk factors such as physical inactivity (34%) and poor nutrition (32%) ranked as the second, third, and fourth most important public health problems among Arkansas children. Partners included the Arkansas School Health Team, with members from ADH and the Division of Elementary and Secondary Education (DESE) of the Arkansas Department of Education (ADE). This team provides training, programs, and resources to reduce childhood obesity and address behavioral health needs.

**Adolescent Health Domain.** Overweight and obesity was recognized as the most important public health problem facing adolescents (55%). Compared to children, fewer respondents believed that key strategies or interventions for physical health education (32.6%) and nutrition education (27.9%) existed. Tobacco use including vaping (48%) ranked second most important. Use of electronic vapor products has been on the rise in Arkansas and across the nation. Partners include the Arkansas School Health Team and the ADH Tobacco Prevention and Cessation Program (TPCP).

**Children with Special Health Care Needs (CSHCN) Domain.** For CSHCN, availability of transportation was cited as the most important public health need (50%). One-fourth

(24.4%) of respondents said key strategies or interventions were in place. Families have difficulty understanding, accessing, and navigating the health system for CSHCN, including Medicaid and other financial assistance, technological issues including internet access, accessing available specialists and services, and finding respite care.

Arkansas selected nine priorities that align with Title V purpose and legislative mandate:

1. Coordinated, comprehensive preventive care and services for women age 18-44
2. Perinatal services and programs that support optimal birth outcomes and infant health
3. Developmental screening for children
4. Prevention of maltreatment among children ages 0 through 9
5. Reduction of obesity among children and adolescents
6. Improved mental health for adolescents
7. Access to care for adolescents and children with special health care needs
8. Transition to adult health care for transition-aged children (ages 12 through 17) with and without special health care needs
9. Preventive oral health care for pregnant women

Arkansas selected 11 National Performance Measures (NPM) that most closely align with the priorities.

- NPM 1: Percentage of women, ages 18 through 44, with a preventive medical visit in the past year.
- NPM 3: Percentage of very low birthweight infants born in a hospital with a Level III+ neonatal intensive care unit.
- NPM 4: a) Percentage of infants ever breastfed and b) Percentage of infants breastfed exclusively through six months.
- NPM 5: a) Percentage of infants placed to sleep on their backs, b) Percentage of infants placed to sleep on a separate approved sleep surface, and c) Percentage of infants placed to sleep without soft objects or loose bedding.
- NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.
- NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9.
- NPM 8.1: Percentage of children, ages 6 through 11, who are physically active at least 60 minutes per day.
- NPM 8.2: Percentage of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day.
- NPM 9: Percentage of adolescents, ages 12 through 17, who were bullied.
- NPM 12: Percentage of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care.
- NPM 13.1: Percentage of women who had a preventive dental visit during pregnancy.

Arkansas also selected four State Performance Measures (SPM) to monitor progress with state priority needs not addressed by NPM.

- SPM 1: Hearing Screening (newborn)
- SPM 2: Nicotine Use (ages 12 through 17)
- SPM 3: Well-Functioning Health Care System (Children with Special Health Care Needs (CSHCN)
- SPM 4: Cultural Competency

The MCH program is supported by a variety of state and federal funding sources. The Federal-State Title V partnership budget totals $28,032,881 for FY2022 (federal funds $6,961,610; state funds $21,071,271). The Maternal Child Health Block Grant (MCHBG) funds contribute to portions of program management positions responsible for planning and oversight and strategic work to improve public health systems. These programs strive to ensure women and children receive the health benefits they are entitled to, including preventive health services and screening, promote the importance of coordinated care, and address issues of health equity. As a quality improvement initiative, we are currently analyzing the effort, effectiveness, and impact of the work we do to improve public health-related policies and processes.

## KEY STRATEGIES

Women/Maternal

- Provide preconception counseling prior to pregnancy to women attending ADH family planning clinics.
- Provide education and counseling on dental health to all women attending ADH maternity clinics.

Perinatal/Infant

- Encourage hospitals to voluntarily develop agreements for transfer of high-risk patients to hospitals with the proper level of care to give birth.
- Provide education and support through the Arkansas Breastfeeding Helpline.

Child Health

- Increase awareness of the importance of developmental screening through an education campaign to promote use of the Learn the Signs, Act Early Program.
- Identify and teach parenting skills to parents in home visiting programs.
- Identify and teach physical activity standards to school personnel to improve health norms in student populations.

Adolescent Health

- Increase community collaborations statewide by providing professional development about physical activity to schools.
- Provide bullying/suicide prevention presentations statewide.
- Implement student wellness advocacy groups (SWAG) to engage youth in student-led activities that improve health norms in student populations, their families, and their communities.

- Conduct health care transition training for public school personnel and use pre-/post-test results to improve training and evaluate change in knowledge.

CSHCN

- Use the Six Core Elements of Health Care Transition self-assessment tools for practitioners from Got Transition to determine the level of support Primary Care Physicians (PCP) of transition aged CSHCN (ages 12-17) served by the Title V CSHCN Program are offered in transitioning or integrating into an adult health care practice.
- Discuss transitioning or integrating CSHCN into adult health care practices and have the practice complete the self-assessment tool by phone or mail/email.
- Provide transition resources from Got Transition, the results of their self-assessment, and the aggregate results from all participating practices to each practice that responded to the self-assessment tool.
- Use the Health Care Transition training needs survey and Health Care Readiness Checklist to obtain input from youth, families, and stakeholders on health care transition training needs and update the training for the audience.

Title V program's nurse care coordinators work with families to develop family-centered plans to reach priority goals for CSHCN and their families. Nurse care coordinators coordinate support and services for eligible families through collaborative partnerships with programs and related agencies. In a current statewide initiative, the program partners with Arkansas Part C (the state's birth-to-3 early intervention program) and Following Baby Back Home (an MIECHV Program for at-risk infants and toddlers) to assist families to help their children learn, grow, and develop. In a birth-to-5 pilot initiative, the program partners with Arkansas Part C, HIPPY, Early Head Start and Head Start, and the local education agencies to support transitions from early intervention to early childhood special education. This initiative ensures that school personnel and preschool home visitors know how and when to refer CHSCN and their families who might benefit from care coordination and other support through Title V. Partnerships with related agencies around common goals ensure coordinated, comprehensive services to assist families in reaching their goals for their children.

Arkansas continues to refine the focus of objectives and strategies to shape organized, logical, evidence-based approaches to achieve outcomes. Progress on each priority is outlined in the annual update section of the MCHBG application by MCH population domain. CSHCN is in the early stages of implementation of evidence-based strategies and can be identified as an ongoing challenge in improved outcomes. The Title V nurse care coordination program has identified promising strategies to include in the plan revision.

**Changes in Health Status and Needs of Arkansas' MCH Population**

In addition to the ongoing needs of the MCH population, many Arkansans were out of work due to closures, and children attended school virtually from March 17, 2020 through the end of the school year. Daycare centers were closed. The number of vaccinations given in March 2020 was 40% lower than in 2019.

Arkansas Title V capacity to serve clients was impacted by COVID-19 guidelines. Many clients were unable to travel to local heath units for services due to isolation or quarantine. The capacity to deliver telehealth services was increased in 2020. Essential services were delivered with a reduced staff capacity. Many staff members were working from home and others were in isolation or quarantine.

**Arkansas's Title V Partnerships and Collaborations**

Arkansas's Title V CSHCN Program is housed in the Department of Human Services' Division of Developmental Disabilities (DDS). The year closed with 25 full-time employees, including a Parent Consultant, a Medical Records Supervisor, one extra-help position, three Area Managers, and one Nurse Manager. Two Registered Nurses retired at the end of Calendar Year 2020, leaving 13 Registered Nurses on staff. Nine nurses and CSHCN staff are stationed in some of the 13 Community-Based Offices (CBOs) located in Huntsville, Berryville, Fort Smith, Mena, Prescott, Hope, Mountain View, Conway, Little Rock, Pocahontas, Harrisburg, Jonesboro, and Marshall.

The University of Arkansas for Medical Sciences (UAMS) is a centralized point of referral for all medically complicated patients and provides medical and health education for the entire state. Except for communities on the eastern border that depend on the city of Memphis, Tennessee, all state communities relate to UAMS and Little Rock hospitals as sources of highly specialized medical care. UAMS's Regional Programs provide family medicine residency training in communities around the state. These programs have improved the distribution of PCPs. Family physicians provide most of the state's medical care and are by far the most numerous specialty practitioners in Arkansas. Specialists in obstetrics, pediatrics, internal medicine, surgery, and others have practices in the more urban communities.

The MCH program continually works with partners to meet the health care needs of the state. Changes are often driven by the planning of the larger institutions and agencies. An example of this is our work with Arkansas Children's Hospital (ACH). ADH partners with ACH to provide home visiting services statewide and in other programs addressing teen suicide, injury prevention, Infant and Child Death Review (ICDR), infant hearing, and newborn screening.

In March of 2018, a third satellite clinic of Arkansas Children's Hospital (ACH) opened in Springdale in Northwest Arkansas. The clinic is in the fastest growing area of the state and allows more CSHCN access to pediatric specialty care. As part of our partnership, MCH plays a significant role in ACH's community health needs assessment and the Natural Wonders Partnership Council.

The 83 general hospitals in the state provide the bulk of in-patient care. The ADH works closely with these local providers to ensure that standards of care are met. Apart from this regulatory relationship, ADH also partners with the Arkansas Hospital Association (AHA) on issues of common interest at the systems level, including the development of the breastfeeding toolkit for hospital use, the state's Infant Mortality Collaborative

Improvement and Innovation Network initiatives, and the Arkansas Perinatal Quality Review Committee.

The MCH program and Medicaid work together on multiple projects, including management of high-risk pregnancies, teen pregnancy, promoting the use of long-acting reversible contraceptives, providing colposcopies, and data sharing. The formal agreement between Medicaid and MCH is a Memorandum of Understanding (MOU) between the ADH and the DHS. A new MOU developed to emphasize the role of MCH is attached.

With new staff in place and COVID-19 duties reduced, comprehensive efforts to address the findings in the needs assessment are planned for 2021. The domain leads are scheduled to meet with community stakeholders in the fall to address the current state and gather input from the groups.

**Changes in Organizational Structure and Leadership**

The Secretary of Health, Dr. Nate Smith, announced in June 2020 that he had accepted a position with the CDC. The new Secretary of Health, Dr. José Romero, began his tenure in August 2020. Angela Littrell left ADH in September 2020. Tamara Baker started in the position of Title V Director on November 30, 2020. Derica Mack started in the position of Women's Health Section Chief on November 30, 2020. Senior leadership at DHS has remained the same. Cindy Gillespie is the DHS Secretary.

**Emerging Public Health Issues**

The most prominent emerging public health issue in 2020 was the COVID-19 pandemic which affected all population sectors. ADH was the lead agency in responding with information, frequently updated guidance and regulations, vaccines, investigation, and tracking. The immediate mobilization of staff while continuing to provide essential services was necessary to the public's safety. Details regarding COVID-19 in Arkansas can be found at COVID-19 Arkansas Department of Health.